

Exhibit 2

John F. Collins (JC 9324)
DEWEY BALLANTINE LLP
1301 Avenue of the Americas
New York, New York 10019
(212) 259-8000

David A. Ettinger (P26537)
Jeffrey H. Kuras (P66036)
HONIGMAN, MILLER, SCHWARTZ AND COHN, LLP
660 Woodward Avenue
2290 First National Building
Detroit, MI 48226-3506
(313) 465-7368

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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USA BASEBALL, THE NATIONAL HIGH
SCHOOL BASEBALL COACHES ASSOCIATION,
DR. PETER BERG, JUAN HERNANDEZ, DENNIS
CANALE, MEL ZITTER, MICHAEL CRUZ, TITO
NAVARRO, JOHN TORRES, EASTON SPORTS,
INC., WILSON SPORTING GOODS CO.,
RAWLINGS SPORTING GOODS COMPANY, and
HILLERICH & BRADSBY CO.

Plaintiffs,

- against -

Civil Action No. 07-CV-3605

CITY OF NEW YORK,

Defendant.

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DECLARATION OF ROBERT D. VERHALEN

I, Robert D. Verhalen, depose and state as follows:

Qualifications

My name is Robert Donald Verhalen. I currently reside in McLean, Virginia. I am President of Verhalen & Associates (VAssoc), a consulting and litigation support firm. If sworn as a witness, I could testify competently to the statements in this declaration.

I spent 22 years as director of all epidemiology functions of the U.S. Consumer Product Safety Commission, first as Director of its Bureau of Epidemiology and later as Associate Executive Director of the Commission. My Curriculum Vitae, which appears at Appendix A, details my background and experience. I led the development of the National Electronic Injury Surveillance System ("NEISS"), a national system which gathers product injury data.

Data Reviewed

I was asked by Plaintiffs in this case to analyze the available data on batted ball safety. I have analyzed all available injury data from the Consumer Product Safety Commission (CPSC), the National Center for Catastrophic Sport Injury Research (NCCSI), and the National Collegiate Athletic Association (NCAA).

With NCCSI, CPSC and NCAA data, I compared baseball injuries to injuries suffered among players in other sports. The NCAA first started the National Center for Catastrophic Sport Injury Data in 1931 for football only. This was later expanded to include all sports (in 1982). The Research is conducted at the University of North Carolina, Chapel Hill. Data were compiled with the assistance of coaches, athletic directors, executive officers of state and national athletic organizations, a national newspaper clipping service and professional associates of the researchers for High School and College. Upon receiving information concerning a possible catastrophic sports injury (any severe injury incurred during participation in a school/college

sponsored sport), the injured player's coach or athletic director was contacted by telephone, personal letter and questionnaire. NCCSI data are presented for the period of Fall 1982 through Spring 2005. NCCSI data are tabulated by Fall, Winter and Spring sports by year and by direct and indirect injuries.

The NCAA has an Injury Surveillance System. This was a self-selected sample of on average 99 colleges or universities out of an average of 772 schools sponsoring college-level baseball (12.8%). The survey took place over sixteen academic terms from 1989 to 2005. For purposes of this surveillance system, reportable injury involved an injury that occurred during an organized practice or game. The injury must have required medical attention by an athletics trainer or physician, and the injury must restrict the athlete's participation for one or more days beyond the day of injury. Data collected included background information on the athlete (age, height, weight, experience, previous injury, etc.), accident information, immediate and post-accident medical care, type of injury and equipment involved.

The CPSC's National Electronic Injury Surveillance System (NEISS) records emergency room data on product-related injuries in a statistically selected number of hospitals across the country. By using the NEISS data with CPSC product codes and hospital weights, national injury estimates were compiled for baseball and other activities. NEISS data also contain a comment section in each record that gives a brief synopsis of the injury and its reported cause. NEISS comments were analyzed using a program that scanned the comment section for key phrases that categorized each record by reported cause of injury. NEISS comments are generally not specific enough to determine what type of bat was used.

A similar program was created to identify injuries to the pitcher. This program scanned for references to player position and reported cause of injury. These records were then categorized by position and cause of injury. A frequency table was then compiled to reveal the primary reported cause of injury to pitchers.

To follow the trend of batted ball injuries, NCAA data was analyzed from the 1993 season (when “hit by batted ball” was added to the Injury Surveillance Survey) to the 2005 season. NEISS data was also analyzed using a similar program described above to specifically search for batted ball injuries.

Analysis

Based on my review of NCCSI data on rates of injury per 100,000 collegiate sports participants during the twenty four year period of 1982 through 2005, baseball, for fatalities, ranked eleventh with a fatality rate of 0.93 deaths from all causes per 100,000 athletes (Chart 1) behind skiing, water polo, basketball, football, lacrosse, gymnastics, wrestling, swimming, volleyball and ice hockey. Among this same group and same 24 year period, collegiate baseball players ranked seventh (Chart 2) with a non-fatal injury rate (permanent, severe functional disability) of 0.56 injuries from all causes per 100,000 athletes for the period behind gymnastics, ice hockey, skiing, lacrosse, football and wrestling. Finally, baseball, with only five reported serious injuries (no permanent functional disability but severe injury) from all causes ranked seventh (Chart 3) behind ice hockey, football, gymnastics, field hockey, basketball and lacrosse. Overall, baseball, with a total of only thirteen catastrophic injuries from all causes reported for the entire 24 year period, ranked ninth in incidence per 100,000 athletes for *any* catastrophic injury reported in association with the sport. (Chart 4).

Chart 1

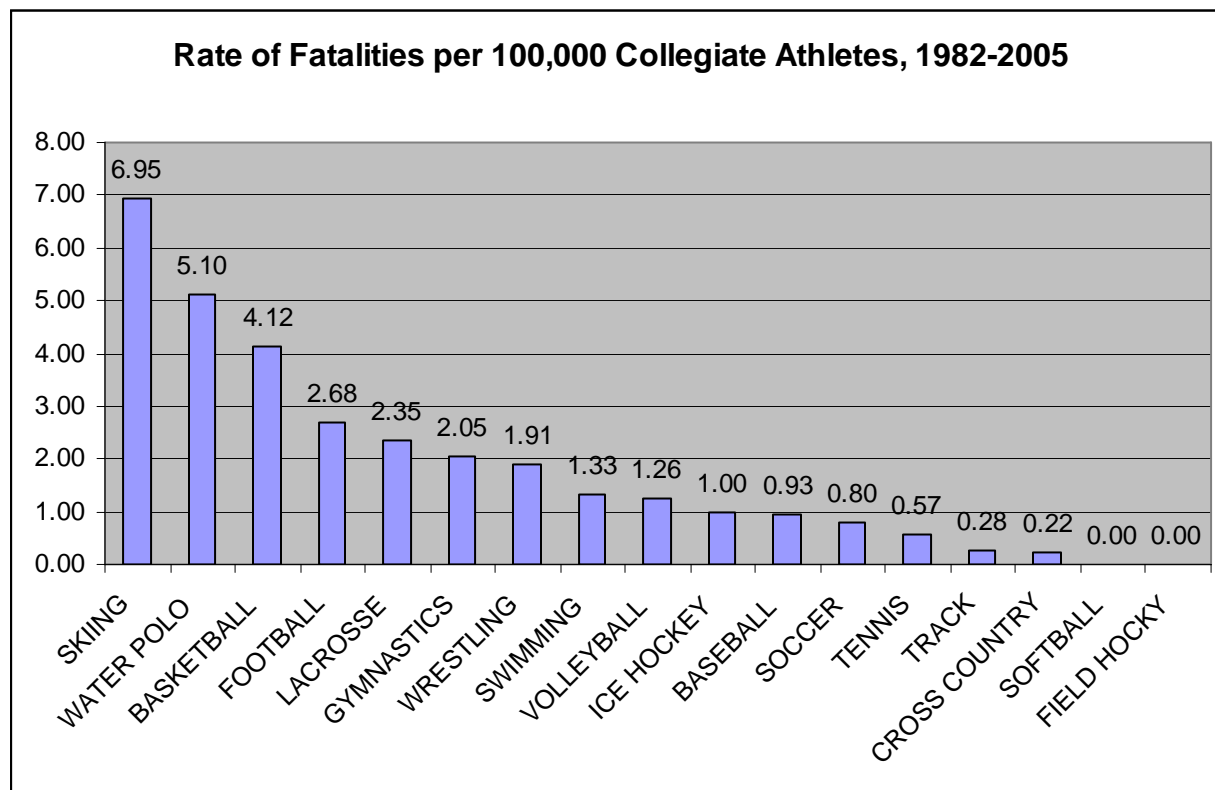


Chart 2

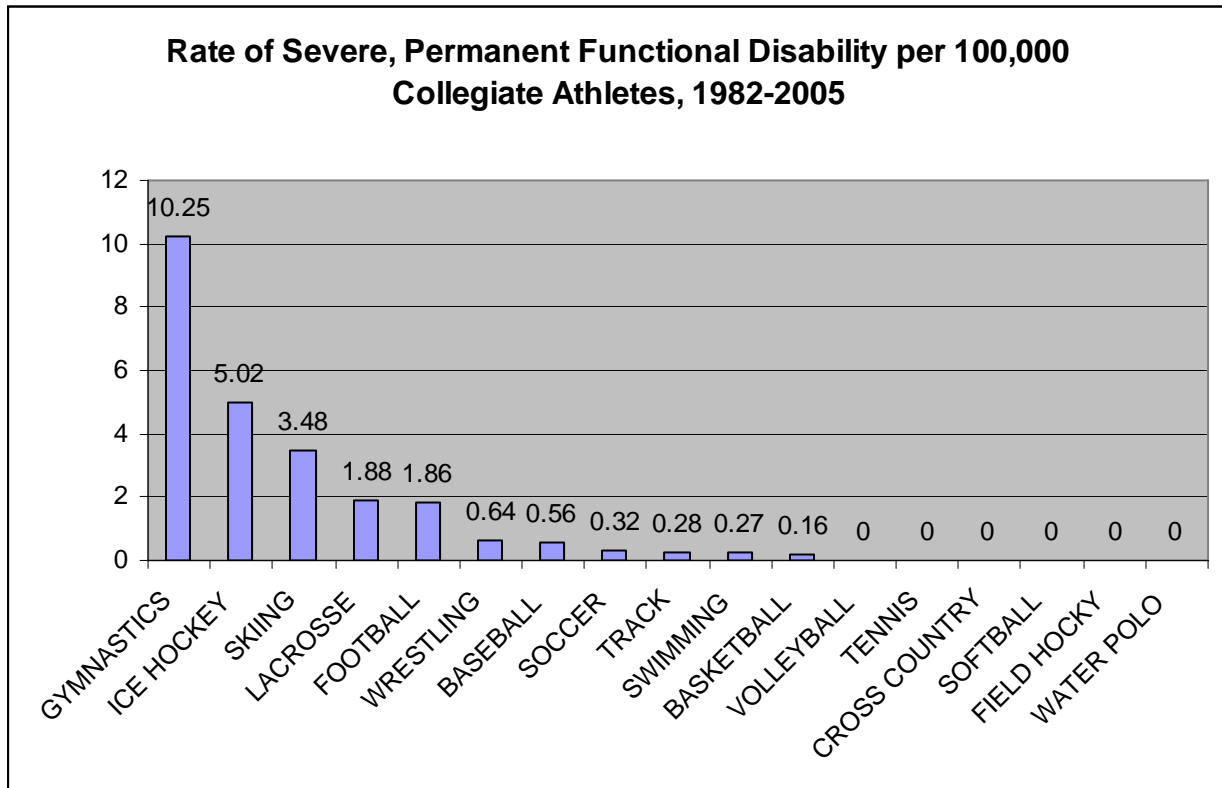


Chart 3

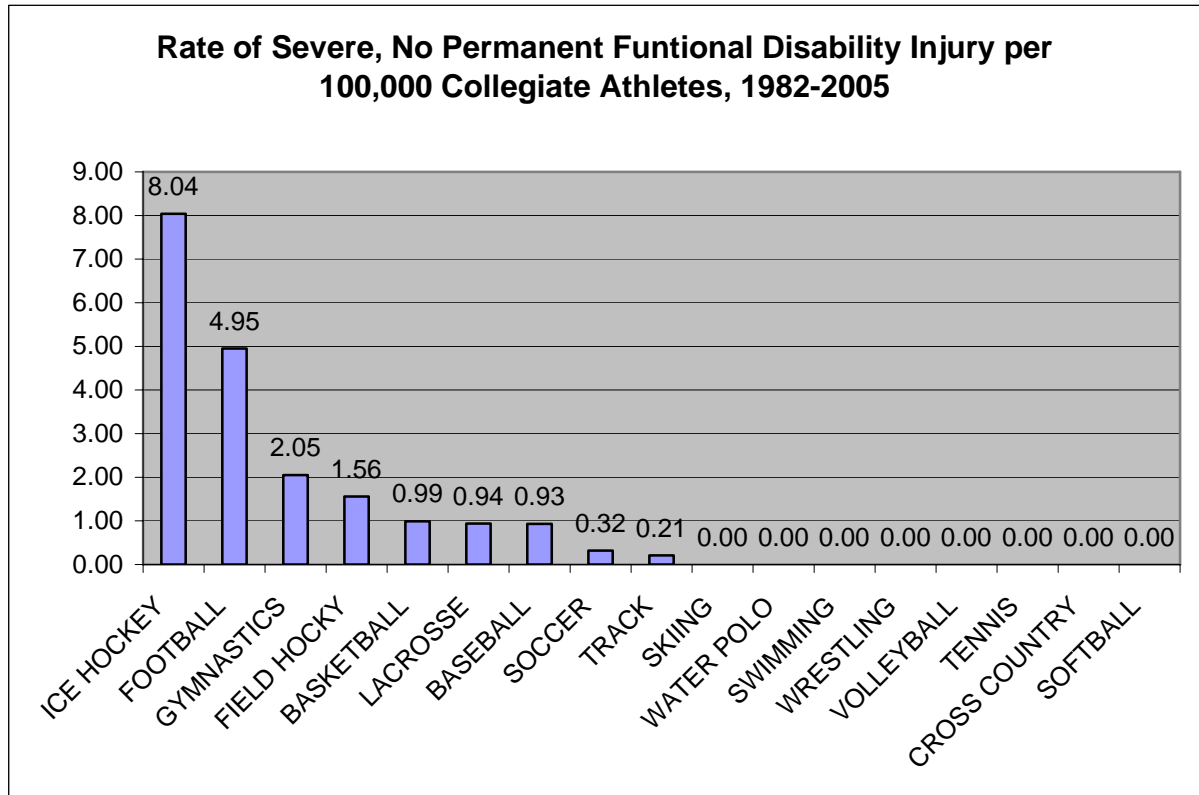
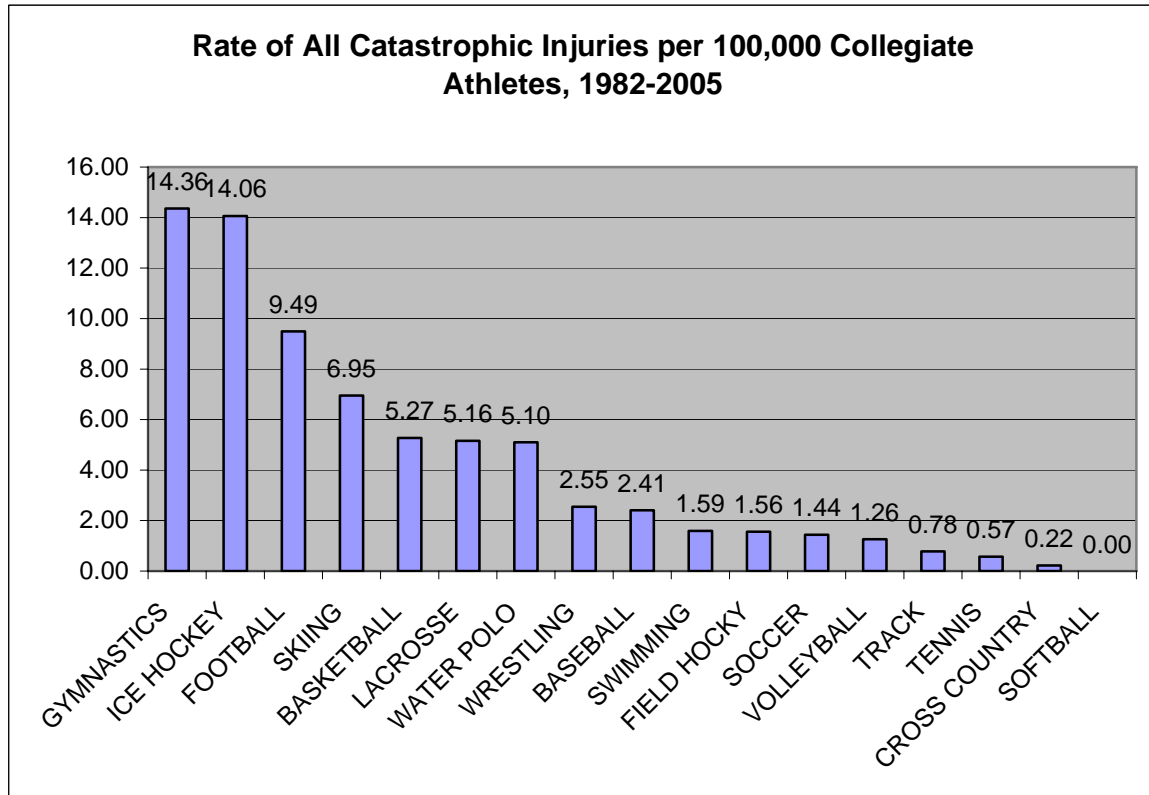


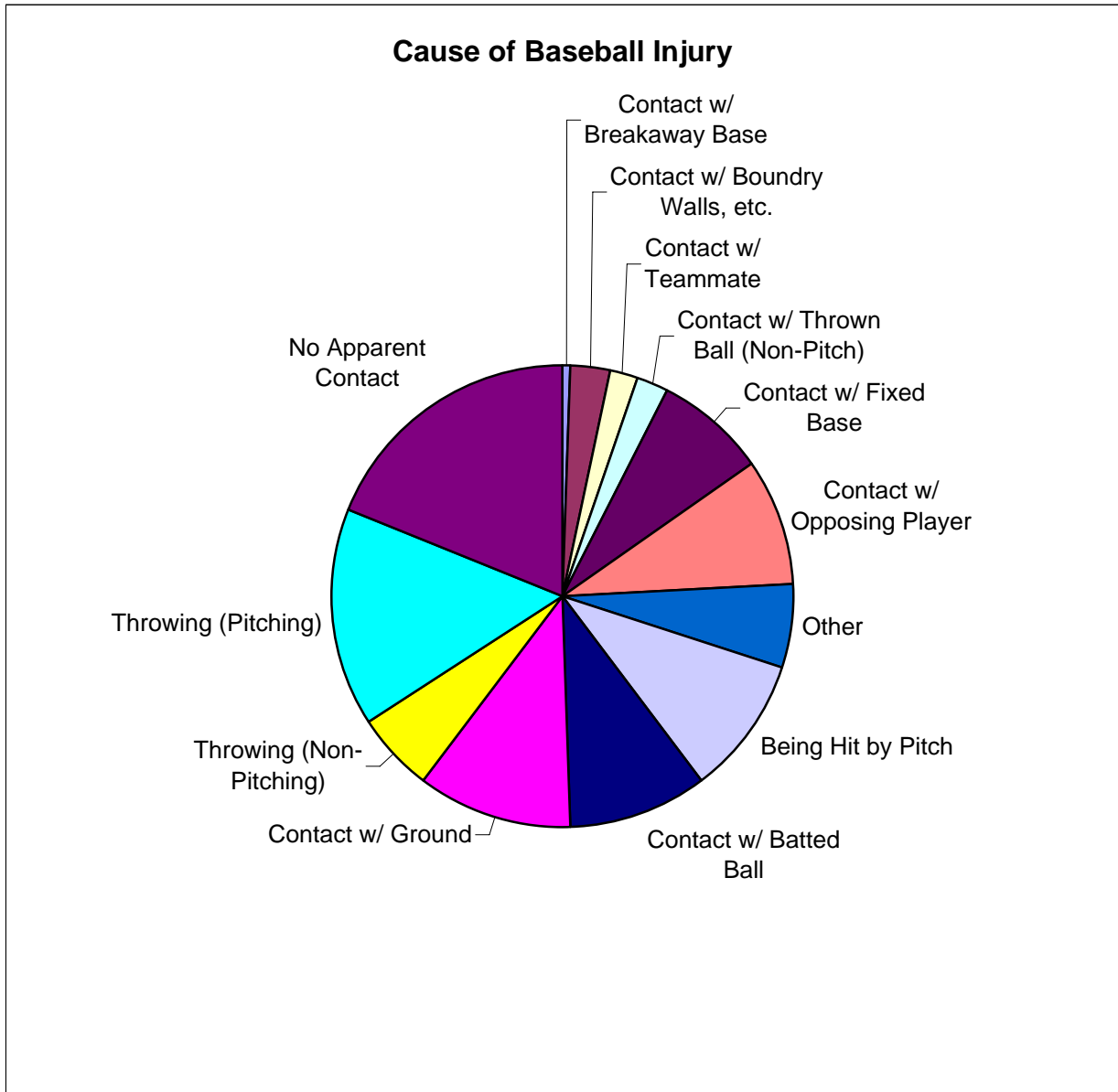
Chart 4



Review of the NCAA's Baseball Injury Surveillance System data showed no fatalities reported for the sixteen academic year period 1989 through 2005. Further, of the injuries reported, only 9.9% reported a player being hit by a batted ball (Chart 5). Throwing (pitching and non-pitching) accounted for 20.6% of the injuries; contact with the ground accounted for 10.9%, and 19% of the injuries had no apparent contact.

There were no data gathered by this system that would permit specific computation of the proportion of injuries to pitchers that were caused by being hit by a batted ball. Further, there were no data collected on the type of bat involved however, to the extent that virtually all

Chart 5

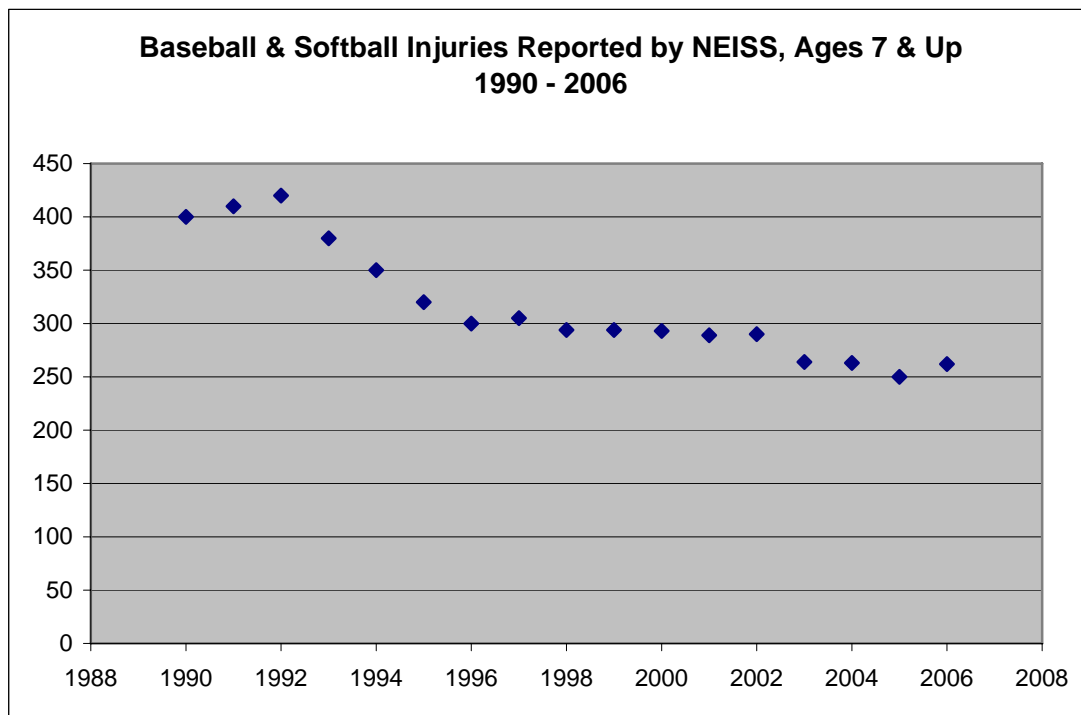


collegiate teams used non-wood bats exclusively, it is unlikely that wood bats figured meaningfully, if at all in the distribution of injuries.

Analysis of the NEISS data revealed that baseball/softball injuries treated in hospital emergency rooms were decreasing at a statistically significant rate ($p=0.0021$) from 1990-2006 (Chart 6). Results are consistent with CPSC's conclusion that baseball injuries are declining.

Batted ball injuries to players are so rare that a collegiate baseball player is more than 8 times as likely to be *killed* in a car accident in his lifetime than he is to even be hit by a batted ball during his concentrated four-year college baseball career.

Chart 6



When analyzing the trend of batted ball injuries using both the raw NEISS data through and the combined NCAA and NEISS data, I found that batted ball injuries appear to be decreasing (Charts 7 and 8). I calculated a slope of -0.286 for the NEISS data, and a slope of -0.276 for the NCAA data. The consistent downward direction of the slope from two independent sources strongly suggests a decrease in batted ball injuries. If, as has been alleged, more recently, aluminum bats have produced hit balls having greater exit velocity, and this created more danger, then you would expect to see an increase in batted ball injuries, rather than the decrease I observed.

Chart 7

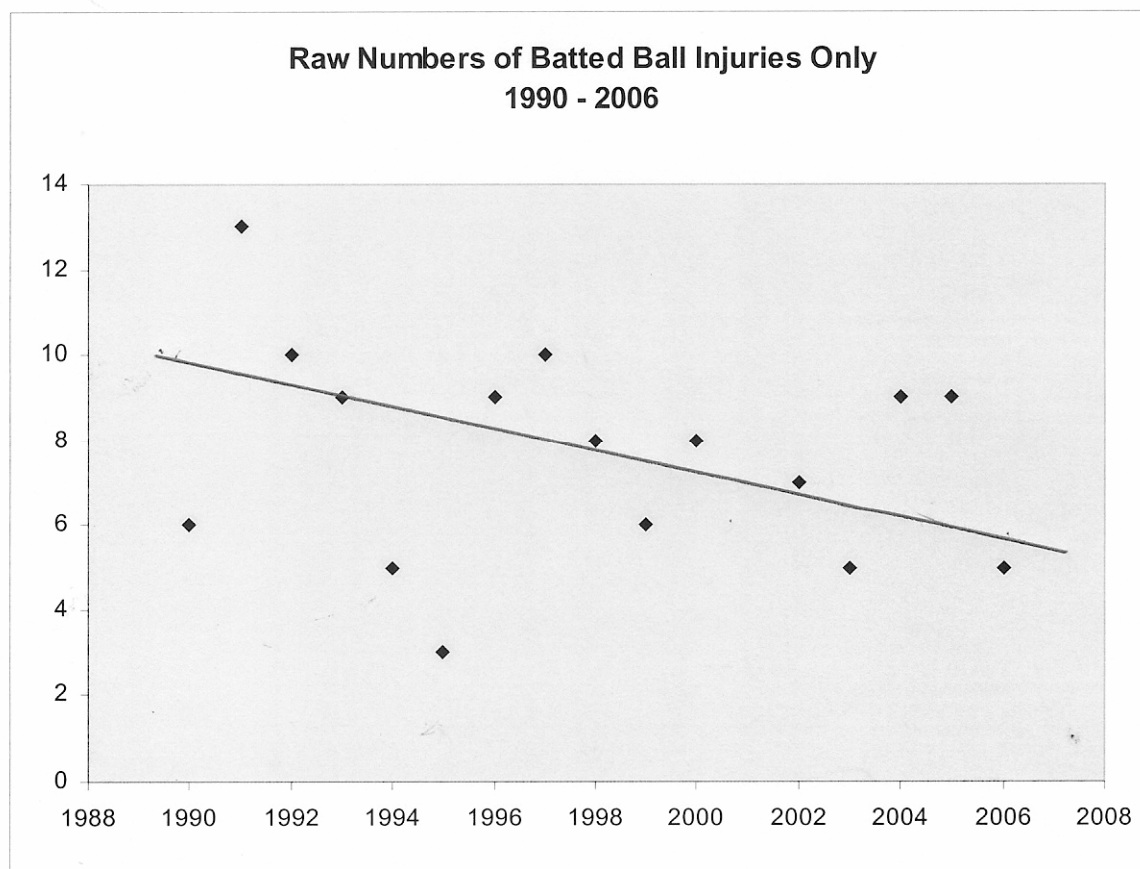
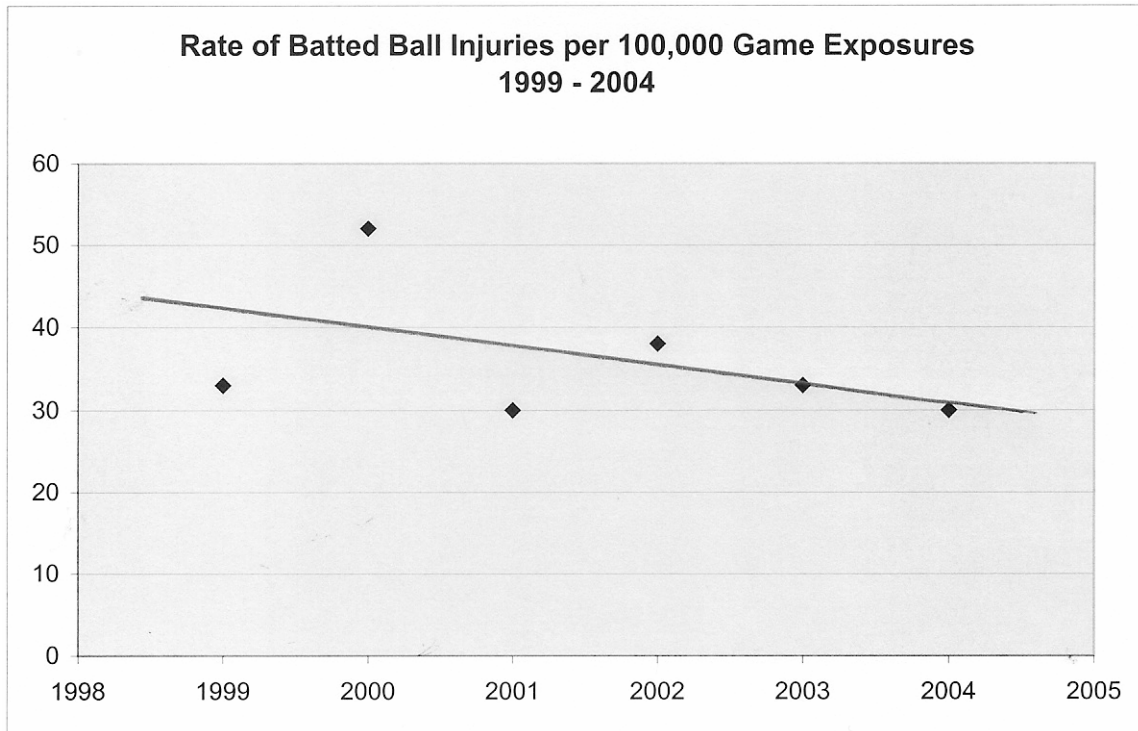


Chart 8



Conclusions

Current data do not document an increased risk of injuries when using aluminum bats. To the contrary, all data sources reviewed support the notion that the risk of injuries to baseball players from *all* causes continues to decline.

There is no epidemiologic evidence to support the notion that aluminum bats are any more dangerous than wood bats.

CPSC data for the time period 1990-2005 and NCAA data for 1990-2005 both show that *baseball injuries have steadily decreased*.

Batted ball injuries, specifically, are at a very low level, and seem if anything to be decreasing along with all other baseball-related injuries.

Of all injuries to pitchers, *60% are shoulder related throwing injuries*. Injuries to the head or torso of pitchers are rare.

Baseball injury rates for collegiate players are lower than that for most other collegiate sports activities.

I declare under penalty of perjury that the foregoing is true and correct.

This 28th day of May, 2007.



ROBERT D. VERHALEN